

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	DIAGNOSTIC MARKERS FOR THERAPEUTIC TREATMENT
Attorney Docket Number::	FISHMAN=9B
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Pnina

Middle Name::
Family Name:: FISHMAN
Name Suffix::
City of Residence:: Herzliya
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 19 Asher Barash Street
City of Mailing Address:: Herzliya
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 46365
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Lea
Middle Name::
Family Name:: MADI
Name Suffix::
City of Residence:: Rishon Le Zion
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 27 Richard Fineman Street
City of Mailing Address:: Rishon Le Zion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 75791
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Sara
Middle Name::
Family Name:: BAR YAHUDA
Name Suffix::

City of Residence:: Rishon Le Zion
 State or Province of Residence::
 Country of Residence:: Israel
 Street of Mailing Address:: 21B Arbel Street
 City of Mailing Address:: Rishon Le Zion
 State or Province of Mailing Address::
 Country of Mailing Address:: Israel
 Postal or Zip Code of Mailing Address:: 75474

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Continuation-in-Part of	10/689,508	10-21-03
10/689,508	Appln claiming benefit of 35 USC 119(e)	60/419,595	10-21-02

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name:: Can-Fite Biopharam Ltd.
 Street of Mailing Address:: 10 Bareket Street
 City of Mailing Address:: Petach Tikva
 State or Province of Mailing Address::
 Country of Mailing Address:: Israel
 Postal or Zip Code of Mailing Address:: 49170